

United States
Environmental Protection
Agency**FORM R** TOXIC CHEMICAL RELEASE
INVENTORY REPORTING FORMSection 313 of the Emergency Planning and Community Right-to-Know Act of 1986,
also known as Title III of the Superfund Amendments and Reauthorization Act

TRI FACILITY ID NUMBER

98134LSKNC32006

Toxic Chemical, Category, or Generic Name

CHROMIUM

**WHERE TO SEND
COMPLETED FORMS:**1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)Enter "X" here if
this is a revision**IMPORTANT: See instructions to determine when "Not
Applicable (NA)" boxes should be checked.**

For EPA use only

PART I. FACILITY IDENTIFICATION INFORMATION**SECTION 1.****REPORTING
YEAR**19 93**SECTION 2. TRADE SECRET INFORMATION**

Are you claiming the toxic chemical identified on page 3 trade secret?

2.1☐ Yes (Answer question 2.2;
Attach substantiation forms)No (Do not answer 2.2;
Go to Section 3)**2.2**

If yes in 2.1, is this copy:



Sanitized



Unsanitized

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official

W.M. ROSEN, MANAGER

Signature

WM Rosen

Date Signed

6/8/94

SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name

ALASKAN COPPER WORKS

TRI Facility ID Number

98134LSKNC32006

Street Address

3200 6th Ave So.

City

Seattle

County

KING

State

WA

Zip Code

98134

Mailing Address (if different from street address)

P.O. BOX 3546

City

Seattle

State

Zip Code

PUT LABEL HERE



United States
Environmental Protection
Agency

EPA FORM R

PART I. FACILITY IDENTIFICATION INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

98134 LSK NC32006

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CHROMIUM

SECTION 4. FACILITY IDENTIFICATION (Continued)

4.2	This report contains information for: (Important: check only one)		a. <input checked="" type="checkbox"/> An entire facility		b. <input type="checkbox"/> Part of a facility	
4.3	Technical Contact	Name	JAMES C. BROWN			Telephone Number (include area code)
						(206) 623-5800
4.4	Public Contact	Name	JAMES C. BROWN			Telephone Number (include area code)
						(206) 623-5800
4.5	SIC Code (4-digit)	a. 3498	b. 3443	c.	d.	e. f.
4.6	Latitude and Longitude	Latitude			Longitude	
		Degrees	Minutes	Seconds	Degrees	Minutes Seconds
		47°	34'	23"	122°	19' 29"
4.7	Dun & Bradstreet Number(s) (9 digits)				a. 00-425-5571	
					b.	
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)				a. WAD 980738546	
					b.	
4.9	Facility NPDES Permit Number(s) (9 characters)				a. NA	
					b.	
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)				a. NA	
					b.	

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company		ALASKAN COPPER COMPANIES INC.	
	<input type="checkbox"/> NA			
5.2	Parent Company's Dun & Bradstreet Number			
	<input type="checkbox"/> NA	(9 digits)	00-425-5571	



United States
Environmental Protection
Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION

TRI FACILITY ID NUMBER

98134L5KNC32006

Toxic Chemical, Category, or Generic Name

CHROMIUM

SECTION 1. TOXIC CHEMICAL IDENTITY

(Important: DO NOT complete this
section if you complete Section 2 below.)

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
	NO90
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	CHROMIUM COMPOUNDS
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)
	NA

SECTION 2. MIXTURE COMPONENT IDENTITY

(Important: DO NOT complete this
section if you complete Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
	NA

SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY

(Important: Check all that apply.)

3.1	Manufacture the toxic chemical:	a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import NA	If produce or import: c. <input type="checkbox"/> For on-site use/processing d. <input type="checkbox"/> For sale/distribution e. <input type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity
3.2	Process the toxic chemical:	a. <input type="checkbox"/> As a reactant b. <input type="checkbox"/> As a formulation component	c. <input checked="" type="checkbox"/> As an article component d. <input type="checkbox"/> Repackaging
3.3	Otherwise use the toxic chemical:	NA a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid	c. <input type="checkbox"/> Ancillary or other use

SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	05 (Enter two-digit code from instruction package.)
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United States
Environmental Protection
Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

98134LSKNC32006

Toxic Chemical, Category, or Generic Name

Chromium

SECTION 5. RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

			A. Total Release (pounds/ year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.1	Fugitive or non-point air emissions	<input type="checkbox"/> NA	A	O	
5.2	Stack or point air emissions	<input checked="" type="checkbox"/> NA			
5.3	Discharges to receiving streams or water bodies (enter one name per box)				
5.3.1	Stream or Water Body Name				
NA					
5.3.2	Stream or Water Body Name				
NA					
5.3.3	Stream or Water Body Name				
NA					
5.4	Underground injections on-site	<input checked="" type="checkbox"/> NA			
5.5	Releases to land on-site				
5.5.1	Landfill	<input checked="" type="checkbox"/> NA			
5.5.2	Land treatment/ application farming	<input checked="" type="checkbox"/> NA			
5.5.3	Surface impoundment	<input checked="" type="checkbox"/> NA			
5.5.4	Other disposal	<input checked="" type="checkbox"/> NA			
<input type="checkbox"/> Check here only if additional Section 5.3 information is provided on page 5 of this form.					



United States
Environmental Protection
Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

981342SKNC32006

Toxic Chemical, Category, or Generic Name

Chromium

SECTION 5.3 ADDITIONAL INFORMATION ON RELEASES OF THE TOXIC CHEMICAL TO THE ENVIRONMENT ON-SITE

5.3	Discharges to receiving streams or water bodies (enter one name per box)	A. Total Release (pounds/year) (enter range code from instructions or estimate)	B. Basis of Estimate (enter code)	C. % From Stormwater
5.3.	Stream or Water Body Name NA			
5.3.	Stream or Water Body Name NA			
5.3.	Stream or Water Body Name NA			

SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTW)

6.1.A Total Quantity Transferred to POTWs and Basis of Estimate

6.1.A.1 Total Transfers (pounds/year) (enter range code or estimate)	6.1.A.2 Basis of Estimate (enter code)
B	m

6.1.B POTW Name and Location Information

6.1.B.	POTW Name	6.1.B.	POTW Name
	METRO		NA
Street Address	821 Second Ave	Street Address	
City	Seattle	City	
County	KING	County	
State	WA	State	
Zip Code	98104	Zip Code	

If additional pages of Part II, Sections 5.3 and/or 6.1 are attached, indicate the total number of pages in this box and indicate which Part II, Sections 5.3/6.1 page this is, here.

(example: 1, 2, 3, etc.)



United States
Environmental Protection
Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

98134LSKNC32006

Toxic Chemical, Category, or Generic Name

CHROMIUM

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.	Off-site EPA Identification Number (RCRA ID No.)		
	AZ D980735500		
Off-Site Location Name			
WORLD RESOURCES COMPANY			
Street Address			
8113 West Sherman Street			
City		County	
PHOENIX		MARICOPA	
State	Zip Code	Is location under control of reporting facility or parent company?	
AZ	85043	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1. 1,320	1. m	1. M 24
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

6.2.	Off-site EPA Identification Number (RCRA ID No.)		
	NA		
Off-Site Location Name			
Street Address			
City		County	
State		Zip Code	
		Is location under control of reporting facility or parent company?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

A. Total Transfers (pounds/year) (enter range code or estimate)	B. Basis of Estimate (enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (enter code)
1.	1.	1. M
2.	2.	2. M
3.	3.	3. M
4.	4.	4. M

If additional pages of Part II, Section 6.2 are attached, indicate the total number of pages in this box and indicate which Part II, Section 6.2 page this is, here. (example: 1, 2, 3, etc.)



United States
Environmental Protection
Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

98134L5KNC320066

Toxic Chemical, Category, or Generic Name

Chromium

SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY

☒ Not Applicable (NA) - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.

a. General Waste Stream (enter code)	b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]	c. Range of Influent Concentration	d. Waste Treatment Efficiency Estimate	e. Based on Operating Data?
7A.1a	7A.1b	7A.1c	7A.1d	7A.1e
	1 <input type="text"/> 2 <input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>		%	<input type="checkbox"/> <input type="checkbox"/>
	6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>			
7A.2a	7A.2b	7A.2c	7A.2d	7A.2e
	1 <input type="text"/> 2 <input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>		%	<input type="checkbox"/> <input type="checkbox"/>
	6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>			
7A.3a	7A.3b	7A.3c	7A.3d	7A.3e
	1 <input type="text"/> 2 <input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>		%	<input type="checkbox"/> <input type="checkbox"/>
	6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>			
7A.4a	7A.4b	7A.4c	7A.4d	7A.4e
	1 <input type="text"/> 2 <input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>		%	<input type="checkbox"/> <input type="checkbox"/>
	6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>			
7A.5a	7A.5b	7A.5c	7A.5d	7A.5e
	1 <input type="text"/> 2 <input type="text"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
	3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/>		%	<input type="checkbox"/> <input type="checkbox"/>
	6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/>			

If additional copies of page 7 are attached, indicate the total number of pages in this box and indicate which page 7 this is, here. (example: 1, 2, 3, etc.)



United States
Environmental Protection
Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC
INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

98134LSKNC32006

Toxic Chemical, Category, or Generic Name

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SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES

☒ Not Applicable (NA) - Check here if no on-site energy recovery is applied to any waste stream containing the toxic chemical or chemical category.

Energy Recovery Methods [enter 3-character code(s)]

1

2

3

4

SECTION 7C. ON-SITE RECYCLING PROCESSES

☒ Not Applicable (NA) - Check here if no on-site recycling is applied to any waste stream containing the toxic chemical or chemical category.

Recycling Methods [enter 3-character code(s)]

1

2

3

4

5

6

7

8

9

10



United States
Environmental Protection
Agency

EPA FORM R

PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)

TRI FACILITY ID NUMBER

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SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES

All quantity estimates can be reported using up to two significant figures.		Column A 1992 (pounds/year)	Column B 1993 (pounds/year)	Column C 1994 (pounds/year)	Column D 1995 (pounds/year)
8.1	Quantity released *	12	15	10	10
8.2	Quantity used for energy recovery on-site	0	0	0	0
8.3	Quantity used for energy recovery off-site	0	0	0	0
8.4	Quantity recycled on-site	0	0	0	0
8.5	Quantity recycled off-site	348	1,320	990	742
8.6	Quantity treated on-site	0	0	0	0
8.7	Quantity treated off-site	0	0	0	0
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)			0	
8.9	Production ratio or activity index			1.2	
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	W19	a. T04	b.	c.	
8.10.2	W29	a. T03	b.	c.	
8.10.3	W36	a. T01	b.	c.	
8.10.4		a.	b.	c.	
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

* Report releases pursuant to EPCRA Section 329(8) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated on-site or off-site.